

PART B - FEE(S) TRANSMITTAL

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22822 7590 09/21/2007

LEWIS, RICE & FINGERSH, LC
ATTN: BOX IP DEPT.
500 NORTH BROADWAY
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ST LOUIS, MO 63102

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/769,973	02/02/2004	John Wootton	2/1219US	8988

TITLE OF INVENTION: NBC FILTRATION UNIT PROVIDING UNFILTERED AND FILTERED AIR PATHS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/21/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAM, MINH CHAU THI	1724	055-385200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> Lewis, Rice & <input type="checkbox"/> Fingersh, L.C. <input type="checkbox"/> 2 <input type="checkbox"/> 3
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)		

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Engineered Support Systems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Louis, Missouri

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date 11 December 2007

Typed or printed name Kirk A. Damman

Registration No. 42,461

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